

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>06/08/00</i>
FEE DETERMINATION		<i>8</i>	<i>6-15-00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB</i>	<i>10202</i>	<i>8-3</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	06/03/00	
2	✓	06/03/00	
3	✓	06/03/00	
4	✓	06/03/00	
5	✓	06/03/00	
6	✓	06/03/00	
7	✓	06/03/00	
8	✓	06/03/00	
9	✓	06/03/00	
10	✓	06/03/00	
11	✓	06/03/00	
12	✓	06/03/00	
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14	✓	06/03/00	
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47	✓	06/03/00	
48	✓	06/03/00	
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50	✓	06/03/00	

Claim	Final	Original	Date
51	✓	06/03/00	
52	✓	06/03/00	
53	✓	06/03/00	
54	✓	06/03/00	
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56	✓	06/03/00	
57	✓	06/03/00	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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